

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/24/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295046		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/09/2009	
NAME OF PROVIDER OR SUPPLIER BOULDER CITY HOSPITAL SNF				STREET ADDRESS, CITY, STATE, ZIP CODE 901 ADAMS BLVD. BOULDER CITY, NV 89005			
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F 000	INITIAL COMMENTS Surveyor: 13766 This Statement of Deficiencies was generated as a result of the annual Medicare recertification survey conducted at your facility on 10/6/09 through 10/9/09, in accordance with 42 CFR Chapter IV Part 483 Requirements for Long Term Care Facilities. The census was 36 residents. The sample size was 10 sampled residents which included 1 closed record, and 2 unsampled residents. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified.			F 000			
F 241 SS=E	483.15(a) DIGNITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Surveyor: 27178 Based on observation and interviews, the facility failed to ensure an environment that maintained residents' dignity and respect. Findings include:			F 241			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 241	Continued From page 1 On 10/7/09 at 9:55 AM, two staff members were heard speaking loudly in a foreign language at the entrance of the Activity Room which was occupied 6 by residents. The two staff members could be heard from the nurses' station where one resident was sitting in a wheelchair. On 10/9/09 at 2:10 PM, three staff members were speaking in a foreign language. The three staff members were a few steps from the nurses' station in which 4 residents and 2 licensed nurses were within the nurses' station. During a resident group interview conducted on 10/7/09 in the morning, the residents were asked about communication between staff members. Nine of nine residents verbalized they witnessed staff members speaking in foreign languages in their presence. The nine residents acknowledged, "Sometimes, it makes us wonder if they are talking about us; We can't tell."	F 241			
F 248 SS=D	483.15(f)(1) ACTIVITIES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Surveyor: 13766 Based on observation, interview and record review, the facility failed to provide activities for	F 248			

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F 248	<p>Continued From page 2</p> <p>foreign speaking residents (Residents #1 and #2).</p> <p>Findings include:</p> <p>Resident #1</p> <p>Resident #1 was a 56 year old male admitted to the facility on 1/1/09 with diagnoses to include Dysphagia, Delusional Disorder, Left-sided Hemiparesis (Status Post Cerebral Vascular Accident), Diabetes, Hypertension and Arthritis.</p> <p>During the initial tour on 10/6/09, The Minimum Data Set Nurse indicated Resident #1 had a communication problem due to his medical condition and he spoke Tagalog.</p> <p>Resident #1's Care Plan Report for Activities included:</p> <ul style="list-style-type: none"> -Provide with monthly activities calender -Invite to activities of interest -Provide 1:1 visits if attendance in activities is less than 3 times a week -Ensure has a working clock in room, television and telephone -Encourage to attend activities daily" <p>On 10/6/09, 10/7/09, 10/8/09 and 10/9/09 in the morning the Resident #1 was observed in the Television Room in his wheelchair asleep. In the afternoon on 10/6/09, 10/7/09 and 10/9/09 the resident was observed lying in bed staring at the ceiling. The television was not on. On 10/8/09 in the afternoon, the resident was observed in the activities room with other residents playing Bingo. The resident nodded off several times during the game, continued to sit in his wheelchair passive for the rest of the game, and no staff member</p>	F 248			

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F 248	<p>Continued From page 3</p> <p>assisted the resident with his chips.</p> <p>On 10/9/09 in the afternoon, Employee #4 was interviewed concerning activities that would interest Resident #1. She indicated he liked sports and music. Employee #4 indicated a staff member helped Resident #1 with his chips during the Bingo games. She indicated she would try to see what else he would like to do.</p> <p>Surveyor: 27178</p> <p>Resident #2</p> <p>Resident #2 was admitted on 4/1/09 with diagnoses including Hypertension, Unspecified Heart Disease, Pulmonary Congestion, Iron Deficiency Anemia, Dementia, Depression and History of Respiratory Failure.</p> <p>From 10/6/09 to 10/09/09, Resident #2 showed a lack of interest in the on-going activities provided by the facility.</p> <p>On 10/7/09 at 1:40 PM, Employee #4 revealed there was no written assessment on file regarding Resident #2's previous hobbies or activities Resident #2 enjoyed in the past.</p> <p>The Activity Director further revealed, "I just give her whatever she would enjoy or I think she would enjoy because when I talk to her, she responds to me in French and I can't understand her."</p> <p>Employee #4 revealed, Resident #2 was not very interested in any group activities but enjoyed outings.</p> <p>Employee #4 further revealed, "I used to provide</p>	F 248			

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F 248	Continued From page 4 talking books to her but she was not interested." When Employee #4 was asked if the talking books were in French, she responded, "No, they were in English." On 10/8/09 at 11:00 AM, Resident #2's daughter revealed, Resident #2's French was no longer clear and was disorganized due to confusion. Resident #2's daughter acknowledged, in the past Resident #2 enjoyed listening to classical and Christian music, liked crafts and enjoyed sewing.	F 248			
F 257 SS=C	483.15(h)(6) ENVIRONMENT- TEMPERATURE The facility must provide comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 - 81° F This REQUIREMENT is not met as evidenced by: Surveyor: 13766 Based on observation and interview, the facility failed to ensure the temperature in the dining room was at a comfortable level. Findings include: During the group interview on 10/7/09 and meal observations on 10/8/09 and 10/9/09 the residents complained that the dining room was uncomfortably cold. Several residents were wearing sweaters and complained they were cold. The thermostat on the wall in the dining room measured between 68-70 degrees Fahrenheit at observations during breakfast and lunch on 10/7/09, 10/8/09 and 10/9/09. The temperatures	F 257			

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F 257	Continued From page 5 on these days were confirmed with a thermometer.	F 257			
F 258 SS=D	483.15(h)(7) ENVIRONMENT- SOUND LEVELS The facility must provide for the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Surveyor: 13766 Based on interview, the facility failed to maintain comfortable sound levels for the residents at night. Findings include: During the group interview on 10/7/09 at 10:00 AM, 5 of 9 residents in attendance complained that Resident #1 could be heard moaning loudly at night, which interrupted their sleep on a regular basis. The residents indicated they complained to the night staff. During the exit on 10/9/09, Employees #1 and #2 indicated they were never informed of the noise issue by staff members.	F 258			
F 309 SS=D	483.25 QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced	F 309			

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F 309	<p>Continued From page 6</p> <p>by: Surveyor: 13766</p> <p>Based on observation, interview and record review, the facility failed to ensure one resident was properly assessed for pain (Resident #1).</p> <p>Findings include:</p> <p>Resident #1</p> <p>Resident #1 was a 56 year old male admitted to the facility on 1/1/09 with diagnoses to include Dysphagia, Delusional Disorder, Left-sided Hemiparesis (Status Post Cerebral Vascular Accident), Diabetes, Hypertension and Arthritis.</p> <p>During the initial tour on 10/6/09, The Minimum Data Set Nurse indicated Resident #1 had a communication problem due to his medical condition and he spoke Tagalog.</p> <p>On 10/7/09 at 2:35 PM, Resident #1 was heard from his room moaning loudly. The resident could be heard from his room to the Nurse's Station. The Director of Nurses and two staff nurses were sitting at the Nurse's Station and did not respond to Resident #1's loud moaning. No staff member working in the resident's hall responded to his loud moaning.</p> <p>At 2:47 PM, During an interview with Resident #1 in his room, the resident indicated in Tagalog he was, "In pain all over." The medication nurse entered the room at 3:00 PM and asked Resident #1 what was wrong. The resident put his hands to his head and in his native language indicated he had a headache. The nurse indicated, "he does this when he wants eye drops." The resident indicated he wanted something for pain. The</p>	F 309			

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F 309	Continued From page 7 resident was given pain medication by the medication nurse. Resident #1 stopped moaning after he was medicated. On 10/7/09 at 10:00 AM, during the group interview several of the residents complained that they heard Resident #1 (called him by name) moaning loudly in the evening and at night. Several residents indicated Resident #1's moaning made it difficult for them to sleep.	F 309			
F 441 SS=D	483.65(a) INFECTION CONTROL The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection. The facility must establish an infection control program under which it investigates, controls, and prevents infections in the facility; decides what procedures, such as isolation should be applied to an individual resident; and maintains a record of incidents and corrective actions related to infections. This REQUIREMENT is not met as evidenced by: Surveyor: 27178 Based on observation, interview, and document review, the facility failed to maintain a safe and sanitary practice to ensure infection control. Findings include: On 10/7/09 in the morning during medication pass, Employee #8 failed to clean the blood pressure apparatus after using it on Resident #12. Soon after usage, Employee #8 kept the	F 441			

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F 441	Continued From page 8 blood pressure apparatus in the medication cart. On 10/7/09 in the morning during medication pass, Employee #5 failed to clean the blood pressure cuff between resident use. Employee #5 obtained a blood pressure reading on Resident #5. Soon after use, Employee #5 placed the blood pressure apparatus back in the medication cart. Employee #5 obtained a blood pressure reading on Resident #11 without cleaning it prior to use, after it had been used on Resident #5. Soon after usage, Employee #5 placed the blood pressure apparatus back in the medication cart. On 10/8/09 in the morning, Employee #1 revealed, blood pressure cuffs were cleaned nightly and not between resident use. The Infection Control Policy revised on 10/08/09 revealed, Automatic and Manual Blood Pressure Cuffs were to be wiped with a germicidal disposable wipe with every use.	F 441			
F 520 SS=C	483.75(o)(1) QUALITY ASSESSMENT AND ASSURANCE A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and	F 520			

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F 520	<p>Continued From page 9</p> <p>develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 13766</p> <p>Based on interview, the facility failed to ensure a physician designated by the facility attended the quality assessment and assurance committee.</p> <p>Findings include:</p> <p>On 10/09/09 in the afternoon, the Director of Nurses indicated that the skilled nursing Quality Meetings were held on a quarterly basis. She indicated the physician who was designated to attend the meetings was the Medical Director. She indicated he had not attended a meeting since at least November 2008.</p>	F 520			